

Form
V01

Office Use:

Volunteer ID No: _____

Volunteer "Buddy" Staff: _____

Volunteer Database Updated: __/__/____

Volunteer Physical File Updated: __/__/____

VOLUNTEER APPLICATION FORM**中华社区与长者服务义工申请表****Applicant Name 申请人姓名**

Please write your full name as appear in Passport/Driver License 你在护照/驾照上的全名:

in your own language 用你自己的语言拼写: _____

Your preferred name 你的昵称: _____ Gender 性别: Female 女 Male 男**Current Residential Address 住址:** _____

Home Phone No. 家庭电话: _____**Work / Mobile Phone No. 办公/移动电话:** _____**Email 电子邮件:** _____**Date of Birth 出生日期:** __/__/____(dd/mm/yy)**Current Occupation 当前职业:**

- Full time employed 全职工作 Part-time employed 兼职工作
 Home Support 料理家务 Retired 退休人士
 Student 学生 Others, please describe 其他, 请说明: _____

Residential Status 在澳居留许可:

- Citizen 公民 Permanent Resident 永久居民
 Temporary Resident 临时居民 Tourist/Visitor 游客/访客

Country of origin 出生国家: _____**Languages/Dialects spoken 所说语言/方言:**

Your Religion 你的宗教信仰 (optional): _____**Driver License No. 驾照号码** _____ **Issue State 颁发属地:** _____**Driver License Expiry Date 驾照有效期至:** __/__/____**Do you have a vehicle? 你有车辆吗?**

- Yes 是, Is it insured 它是否有保险? Yes 是 No 否
 No 否

EMERGENCY CONTACT 紧急联络人:

Name 名字: _____ Rrelationship 与您的关系: _____

Address 地址: _____

Phone 座机: _____ Mobile 手机: _____

Availability 空闲时间

- Weekdays 周一到周五, please describe 请说明: _____
 Weekends 周末, please describe 请说明: _____
 Others, please describe 其他, 请说明: _____

Do you have sufficient time to serve at least 你至少可以多久做一次义工

- Once a week 一周一次 Once a fortnight 两周一次
 Others, please describe 其他, 请说明: _____

Possession of Valid Police Clearance Certificate

你是否持有有效无刑事犯罪记录证明

- Yes 是, expired by: ____/____/_____(dd/mm/yy)
 No 否, valid from:

Possession of valid Working with Children Check

你是否持有有效的与孩童一起工作许可证明

- Yes 是, expired by: ____/____/_____(dd/mm/yy)
 No 否, valid from:

Are you a current volunteer with any other organizations or agency?

目前你是否在其他机构或组织从事义工工作?

- Yes 是, details: _____
 No 否.

Chung Wah CAC has a duty of care to ensure your wellbeing and safety during your volunteer duty. Please answer the following questions truthfully as it will help us to meet your specific needs.

中华社区与长者服务有义务确保你在执行义工工作时的健康和安全。请依据真实情况回答如下问题以帮助了解你的具体需求。

- **To the best of your knowledge, do you have any existing medical disability/condition/injury? (Please note we may ask you to provide further information to help us to find the volunteer work better for you.)**

据你的了解, 你是否存在任何医疗/健康状况/受伤。(请注意, 我们可能会向你索取更多信息用以为你提供适合的义工工作。)

Yes, please describe 有, 请说明: _____

No 无

- **To the best of your knowledge, are you currently taking any medication that may affect your volunteer work? (Please note we may ask you to provide further information to help us to find the volunteer work better for you.)**

你是否有正在服用任何药物，可能会影响到你的义工工作？。（请注意，我们可能会向你索取更多信息用以为你提供适合的义工工作。）

Yes, please describe 有, 请说明: _____

No 无

Please briefly describe your experience in helping people and community.

请描述你曾做过的任何关于帮助他人或帮助社区的经历。

Please briefly describe your skills and qualifications that may help you to do volunteer work with us.

请描述你所具有的、可能会帮到你 从事义工工作的技术/资格证书等。

Please describe your hobbies or strengths 请描述你的兴趣爱好或特长:

What prompted you to apply to be a volunteer of Community Visitor Scheme?

为什么你想成为一名社区探访者？（*only apply for CVS Volunteer）

Please give reason why you would like to join our volunteer service

请列举你希望成为我们义工的理由

I want to learn something new 我想学些新知识

I want to help my people and my community 我想帮助自己身边的人和社区

I want to occupy my free time 我想打发空闲时间

- I want to utilize my knowledge and skills 我想应用自己的知识和技术
- Others, please specify 其他, 请说明: _____

Where do you hear of us 你从何处知道我们?

- Chinese newspaper advertisement 中文报纸广告
- Chung Wah CAC Website (www.chungwahcac.org.au) 官方网站
- Chung Wah Radio Programs (FM 95.30 and FM 104.90) 电台节目
- Chung Wah CAC newsletter 季度期刊
- Chung Wah Association magazine 会馆杂志
- Friend/Family recommendation 他人推荐, please specify 请说明: _____
- Others, please specify 其他, 请说明: _____

Which CAC programs are you interested to join?

- Assisting in office administrations 办公室行政工作
- Accompanying seniors when attending appointments/shopping 陪伴老人家赴约/购物
- Cooking meals for seniors at day centre kitchens 日间中心厨房主厨
- Helping with Kitchen duties and meal preparations 日间中心厨房和饭菜准备帮手
- Driving seniors to attend appointments or complete shopping 开车带老人家复诊/购物
- Entertaining or performing at events 社区活动上表演
- Helping community events 帮手社区活动
- Teaching interest classes 辅导兴趣班
- Helping group activities 帮手小组活动
- Promoting and Marketing 媒体宣传帮手
- Visiting seniors at nursing homes (under Community Visitors Scheme) 探访老人院
- Visiting seniors at their own homes (under Community Visitors Scheme) 探访居家老人
- Others, please give details 其他请说明: _____
- All the above 以上所有

Permissions to Disclose Information

Volunteer Services

I give permission for my details (basic contact details and photo) to be shared with Chung Wah CAC staff/support workers/volunteers or other appropriate external personnel for the purpose of arranging my volunteer services.

- Yes No

Remarks:

Media Promotions

I agree to be photographed (including video)/interviewed without fee for service and agree for Chung Wah CAC to use them for the purpose of promoting positive ageing in publications, promotional materials and media platforms.

- Yes No

Remarks:

Reference 推荐人信息:

Referee 推荐人 1

Name 姓名: _____

Phone 电话: _____

Relationship to applicant 与申请人关系
_____**Referee 推荐人 2**

Name 姓名: _____

Phone 电话: _____

Relationship to applicant 与申请人关系:
_____**Applicant Declaration**

I declare that the above information are true and correct to the best of my knowledge at the time of this application. I understand and agree that any false statement may lead to the immediate dismissal of my volunteer duty.

申请人申明

我声明以上信息是我在填写此份申请表格时所能提供的、最正确并真实的信息。我理解并同意其中任何不真实或不正确的信息都将可能导致我的义工工作立即终止。

Applicant's Signature 申请人签名: : _____

Form Completion Date 填写表格日期: ____/____/____

Office Use:**Volunteer Interview Result:** Yes, applicant is registered at: ____/____/____ No, please give reasons: _____

Applicant is informed on: ____/____/____

Based on the initial interview, volunteer has agreed to participate to the following programs:

- Assisting in office administrations (eg. attending phone calls, organizing files, typing, etc.)
- Cooking meals for seniors at day centre kitchens
- Helping with Kitchen duties (eg. Chopping and preparing ingredients, serving meals, etc.)
- Driving seniors to attend appointments or complete shopping
- Entertaining or performing at events (eg. singing, dancing, Tai Chi demonstration, etc.)
- Helping community events (eg. Fund raising, set-up, pack-up, gift wrapping, mailing, etc.)
- Teaching interest classes (eg. English, Tai Chi, computer, cooking, etc.)
- Helping group activities (eg. play games, introducing cultures, assist in preparations, etc.)
- Promoting and Marketing (eg. writing, translating, photo-taking, broadcasting, etc.)
- Visiting seniors at nursing homes (under Community Visitors Scheme)
- Visiting seniors at their own homes (under Community Visitors Scheme)
- Others, please give details: _____

Remarks: _____

Interview Officer Name/Signature: _____ Interview Date: ____/____/____

- volunteer bank account details form given;
- volunteer photo taken;
- volunteer agreement and police check form signed.